



Docket No.: 49581/P029US/10103788
Patent Application No.: 09/970,311

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors:

Tom L. Davis et al.

Application No.: 09/970,311

Confirmation No.: 9679

Filing Date: October 3, 2001

Art Unit: 2643

For: LINEARIZER FOR A PIN DIODE
ATTENUATOR

Examiner: Duc Minh Nguyen

**REQUEST FOR CORRECTION OF ERROR IN SMALL ENTITY STATUS MADE IN
GOOD FAITH UNDER 37 C.F.R. § 1.28 (c)**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The extra claims filing fee paid on November 23, 2004 and the issue fee paid on August 3, 2005 were paid, in good faith, based on small entity status. Upon file review, it was discovered that the assignee, Microtune (Texas), L.P., is not entitled to small entity status and all fees should have been paid based upon non-small entity status. Assignee respectfully requests that the Commissioner excuse this error based upon compliance with the submission and itemization under 37 CFR § 1.28(c) as follows:

Type of Fee	Description of Fee	Small Entity Fee Paid	Current Fee Amount Due for a Non-Small Entity	Deficiency Owed
1201	Independent Claims in Excess of Three (10)	\$440.00	\$2000.00	\$1560.00
1501	Utility Issue Fee	\$700.00	\$1400.00	\$700.00
Total Deficiency Owed 09/12/2005 SLUANG1 00000012 09970311 01 FC:1201			09/13/2005 SLUANG2 00000001 09970311 01 FC:1501 2000.00 OP	\$2260.00 1400.00 OP

Assignee herewith submits a check in the amount of \$2,260.00 for the deficiency owed.

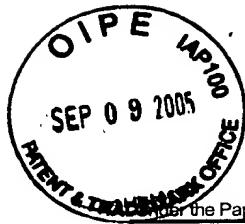
The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to our Deposit Account No. 06-2380, under Order No. 49581-P029US-10103788 from which the undersigned is authorized to draw.

Dated: September 6, 2005

Respectfully submitted,

By R. Ross Viguet

R. Ross Viguet
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Attorney for Assignee



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/970,311-Conf. #9679
		Filing Date	October 3, 2001
		First Named Inventor	Tom L. Davis
		Art Unit	2643
		Examiner Name	D. M. Nguyen
Total Number of Pages in This Submission	5	Attorney Docket Number	49581/P029US/10103788

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing Request for Correction of Error in Small Entity Status Check in the amount of \$2,260.00 Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	FULBRIGHT & JAWORSKI L.L.P.		
Signature			
Printed name	R. Ross Viguet		
Date	September 6, 2005	Reg. No.	42,203



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **2,260.00**

Complete if Known

Application Number	09/970,311-Conf. #9679
Filing Date	October 3, 2001
First Named Inventor	Tom L. Davis
Examiner Name	D. M. Nguyen
Art Unit	2643
Attorney Docket No.	49581/P029US/10103788

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **06-2380** Deposit Account Name: **Fulbright & Jaworski L.L.P.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
33	- 37 =	x	=

<u>Multiple Dependent Claims</u>	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
13	- 13 =	x	=

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 =	/50	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **2501 Utility Issue Fee; 2201 Independent Claims in Excess of 3****\$2,260.00**

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	42,203	Telephone	(214) 855-8185
Name (Print/Type)	R. Ross Viguet			Date	September 6, 2005



PTO/SB/92 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Attorney Docket No.: 49581/P029US/10103788

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on September 6, 2005
Date

Signature

Scott Matthews

Typed or printed name of person signing Certificate

N/A
Registration Number, if applicable

(214) 855-7415
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 page)

Fee Transmittal

Request for Correction of Error in Small Entity Status Made in Good Faith

Under 37 C.F.R. § 1.28(c) (2 pages)

Check in the amount of \$2,260.00

1 Return Postcard